## Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

WSP243US

Address To Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

	Application Information								
First Named Inventor	Gabriele Blume								
Application No.	10/579,121								
Filing Date	May 10, 2006								
Examiner	Sheridan R. Macauley								
Art Unit	1651								
Title of Invention									
COMBINED COSMETIC OR THERAPEUTIC PREPARATION									
(									
COMMISSIONER FOR PATENTS:									
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified									
application.									
Applicant(s) hereby request(s) an extension of time of (check desired time period):									
X         One month (37 CFR 1.17(a)(1))         ☐         Four months (37 CFR 1.17(a)(4))									
Two months (37 CFR 1.17(a)(2)) Five months (37 CFR 1.17(a)(5))									
Three months (37 CFR 1.17(a)(3))									
from: January 28, 2010 until February 28, 2010									
Trom: January 28, 2010 Until February 28, 2010  Date Date									
		o Coleulation							
	Fee Calculation  Fee for Extension of Time: \$65								
X Applicant claims s									
Applicant claims s	mail entity status. See 37 Of 10 1.	21.	TOTAL	\$65					
		nod of Payment							
Deposit Account Credit Card Check Money Order Other: Online Credit Card Payment									
Deposit Account Number 50-0822									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge the fee(s) set forth above									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
	cated above, except for the filing	д тее							
l <b>=</b>	X Credit any overpayments								
If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above.									
Ī	uired to the Deposit Account abov	e.	lion therefor and or	large any additional rees					
	uired to the Deposit Account abov ation on this form may beco de credit card information a	<sup>re.</sup> me public. Credit	card information	on should not be included					

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**Docket Number** 

WSP243US

Date Signed

02/25/2010

<b>7</b>	Со	rrespo	ndence Address	<b>;</b>		
Customer Number	49003					
•			-OR-			
Name						
Address (line 1)						
City			State			
Country			Postal Co	ode		
Phone Number			<b>,</b>			
E-mail Address						
Certificate of Mailing by Express Mail		Certificate of Mailing by First Class Mail				
I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:		I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:  (Date of Mailing) (Name of Person Mailing Correspondence)				
		(Entire by Ferrori Manning Correspondence)				
(Date of Mailing)		(Signature of Person Mailing Correspondence)				
		Certificate of Transmission				
(Typed or Printed Name of Person Mailing Correspondence)  (Signature of Person Mailing Correspondence)		I hereby certify that this Petition for Extension of Time, accompanying documents, and fee authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:				
("Express Mail" Mailing Label Number)		(Date of Transmission) (Name of Person Transmitting Correspondence)				
			(Signatu	re of Person Transmitting Corre	spondence)	
		Cianat	uro Instructions			
If a practitioner is Utility menu.	of the person who will electronically not present in the drop-down list signatory information is correcting the form manually, simply	sign the	st close this form and	d select 'Add Practitioner	.' in the Form Manager's	
ii you prefer to	Signatory Drop-Down Box	1	, Michael L.		induity signi.	
Name	Michael L. Dunn			Registration Number	25,330	
Signatory Capacity	Attorney for Applicant(s)		E-mail Address			

Signatory Capacity

/Michael L. Dunn/